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I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to:
Attention: Certificate of Correction Branch, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: February 8, 2007

Signature: 

(Sharon M. Smith)

Docket No.: 28335/36996US
(PATENT)**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Letters Patent of:
Jeffrey S. Bartlett

Patent No.: 6,962,815

Issued: November 8, 2005

For: AAV2 VECTORS AND METHODS**Certificate
FEB 14 2007
of Correction****REQUEST FOR CERTIFICATE OF CORRECTION
PURSUANT TO 37 CFR 1.323**

Attention: Certificate of Correction Branch
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Upon reviewing the above-identified patent, Patentee noted a typographical error which should be corrected.

On the First Page:

In the Assignment, page 1, line 5, Applicant error, "Hopital" should be --
Hospital --.

The error was found in the application as filed by applicant. Our check in the amount of \$100.00 covering the fee set forth in 37 CFR 1.20(a) is enclosed.

The error now sought to be corrected is an inadvertent typographical error the correction of which does not involve new matter or require reexamination.

Transmitted herewith is a proposed Certificate of Correction effecting such amendment. Patentee respectfully solicits the granting of the requested Certificate of Correction.

FEB 16 2007

02/13/2007 FHEK12 00000013 6962815

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100.00 UP


Patent No.: 6,962,815

Docket No.: 28335/36996US

The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 13-2855, under Order No. 28335/36996US. A duplicate copy of this paper is enclosed.

Dated: February 8, 2007

Respectfully submitted,

By 
Sharon M. Sintich

Registration No.: 48,484

MARSHALL, GERSTEIN & BORUN LLP

233 S. Wacker Drive, Suite 6300

Sears Tower

Chicago, Illinois 60606-6357

(312) 474-6300

Attorney for Applicant

FEB 16 2007

**UNITED STATES PATENT AND TRADEMARK OFFICE
CERTIFICATE OF CORRECTION**

Page 1 of 1

PATENT NO. : 6,962,815
APPLICATION NO. : 10/038,972
ISSUE DATE : November 8, 2005
INVENTOR(S) : Jeffrey S. Bartlett

It is certified that an error appears or errors appear in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

On the First Page:

At line (73), "Hopital" should be -- Hospital --.

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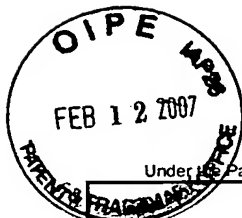
(Sharon M. Sintich)

MAILING ADDRESS OF SENDER (Please do not use customer number below):

Sharon M. Sintich
MARSHALL, GERSTEIN & BORUN LLP
233 S. Wacker Drive, Suite 6300
Sears Tower
Chicago, Illinois 60606-6357

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FEB 16 2007



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2006		Application Number	Patent#: 6,962,815
		Filing Date	Issued: November 8, 2005
		First Named Inventor	Jeffrey S. Bartlett
		Examiner Name	M. Marvich
		Art Unit	1633
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Attorney Docket No.	28335/36996US	
TOTAL AMOUNT OF PAYMENT		(\$)	100.00

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☐ Deposit Account Deposit Account Number: 13-2855 Deposit Account Name: MARSHALL, GERSTEIN & BORUN LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
_____	- = _____	x _____	= _____	<u>Fee (\$)</u> <u>Fee Paid (\$)</u>
HP = highest number of total claims paid for, if greater than 20.				_____

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____	- = _____	x _____	= _____
HP = highest number of independent claims paid for, if greater than 3.			

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/50	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1811 Certificate of correction	100.00
	Fees Paid (\$)

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	48,484	Telephone	(312) 474-6300
Name (Print/Type)	Sharon M. Sintich	Date			

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